

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>IN</i>		<i>05-14-01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>59</i>	<i>5311</i>
<b>FORMALITY REVIEW</b>	<i>HL</i>	<i>1074</i>	<i>07-13-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>SEB</i>	<i>1091</i>	<i>9-12-01</i>

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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7/13/01  
PCT  
9/13/01  
8/28/01